Child and Family Behavioral Health Policy and Planning Committee
(330-F and the Child and Adolescent Special Populations Workgroup)
Operational Guidelines

1) **Purpose**
   a) The Child and Family Behavioral Health Policy and Planning Committee is established in accordance with budget item 330-F from the 2004 General Assembly session. This committee also includes members of the Department of Mental Health, Mental Retardation, and Substance Abuse Services Child and Adolescent Special Populations Workgroup established by the DMHMRSAS Restructuring Policy Advisory Committee in June, 2003.
   b) The purpose of the Committee is:
      i) To fulfill the legislative intent to develop integrated policy and planning, including the necessary legislation and budget amendments, to provide and improve access to mental health, mental retardation, and substance abuse services for children and adolescents;
      ii) To provide representation on all state workgroups and committees addressing the development, delivery, gaps and overlaps of mental health, mental retardation, and substance abuse services to the children, youth and families of the Commonwealth;
      iii) To serve as a clearinghouse that compares recommendations, identifies conflicting proposals, avoids duplication, and coordinates efforts of those workgroups;
      iv) To compile and consolidate the final recommendations of those workgroups;
      v) To provide feedback to those workgroups, agency heads, and members of the General Assembly to ensure that state laws, policies, plans, budget requests, and services are coordinated and consistent; and
      vi) To develop and submit an annual plan to be given to the Commissioner of the DMHMRSAS to report to the Chairmen of the Senate Finance and House Appropriations Committees by June 30th of each year.

2) **Organization**
   a) The active membership of the Child and Family Behavioral Health Policy and Planning Committee will consist of representatives from:
      i) The Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS);
      ii) The Department of Medical Assistance Services (DMAS);
      iii) The Department of Juvenile Justice (DJJ);
      iv) The Office of Comprehensive Services (OCS);
      v) Community Services Boards (CSBs);
      vi) Court Services Units (CSUs);
      vii) Representatives from Community Policy and Management Teams representing various regions of the Commonwealth;

viii) The Department of Education (DOE);
ix) The Department of Health (DOH);
x) The Department of Social Services (DSS);
xi) The Department of Rehabilitative Services (DRS);
xii) Members of the Advocacy community;
xiii) Family members;
xiv) Representatives from other agencies and organizations involved in the planning of mental health, mental retardation, and substance abuse services for children, adolescents and families; and
xv) Members of the Child and Adolescent Special Populations Workgroup.

3) Membership

a) Members will be appointed for a two (2) year term coinciding with the biennial budget process.
b) The terms of all members in good standing may be renewed every two years.
c) All members will be expected to:
   i) Attend and actively participate in meetings;
   ii) Serve on one or more subcommittees as requested;
   iii) Participate on other committees and workgroups addressing issues regarding mental health, mental retardation, and/or substance abuse of and by children, youth and families as needed; and
   iv) Provide input into the annual report and assist as requested.
d) Any agency or organization involved in planning or providing mental health, mental retardation, and/or substance abuse services for children, adolescents and families may request in writing to the Chair to be considered for membership.
e) If any member of the Child and Family Behavioral Health Policy and Planning Committee is absent for three (3) consecutive meetings or attends less than two-thirds (2/3) of the regularly scheduled meetings in a 12 month period, a request for a replacement will be sent to the appointing organization.
f) If there is a vacancy on or resignation from the Committee, the Chair will contact the agency or organization represented and request that a new appointment be made.
g) Resignations may be made verbally or in writing to the Chair.
h) Ad-Hoc members and Technical Advisors may be selected for special projects and subcommittees as needed.
i) A member may represent more than one agency or organization.
j) Alternates
   i) Alternates may attend the meeting if an important issue is scheduled to be addressed and the member cannot attend.
   ii) The member who cannot attend is responsible for obtaining and briefing the alternate, including providing the necessary background information to the alternate.
   iii) The member who cannot attend is responsible for informing the Chair and the Committee that an alternate will attend.

4) Officers

a) The Officers of the Child and Family Behavioral Health Policy and Planning Committee will consist of a Chair and a Vice-Chair.

b) Elections for officers will be held 90 days before the end of the second fiscal year of the term.

c) Chair

i) The Chair of the Child and Family Behavioral Health Policy and Planning Committee will be elected by the committee membership for a term of two (2) years coinciding with the biennial budget process.

ii) The Chair's duties are to:

a) Formulate the agenda of the meeting, with the input of the Executive Subcommittee;

b) Arrange meeting times and locations;

c) Conduct meeting business, including opening the meeting, making introductions, keeping the meeting moving and focused, helping the membership reach consensus, and closing the meeting;

d) Appoint chairs and members of subcommittees, as well as identifying other individuals or organizations whose subcommittee membership would be beneficial;

e) Chair the Executive Subcommittee;

f) Receive requests for membership and refer them to the Membership Subcommittee;

g) Coordinate the writing of the annual report; and

h) Serve as the spokesperson for the Committee for all 330-F responsibilities. The co-chairs of the Child and Adolescent Special Populations Workgroup will serve as the spokespersons for the DMHMRSAS Restructuring Policy Advisory Committee.

d) Vice-Chair

i) The Vice-Chair of the Committee will be elected by the membership of the Committee for a term of two (2) years coinciding with the biennial budget process.

ii) The Vice-Chair's duties are to:

a) Assume all responsibilities and authority of the Chair in his/her absence or unavailability;

b) Chair subcommittees as designated by the Chair;

c) Ensure that all Committee activities adhere to the Committee's operational guidelines; and

d) Perform other duties as approved by the Committee.

e) Resignations

i) In the event of a resignation by the Chair or Vice-Chair, the Committee will elect a new officer to complete the remainder of the term.

5) Subcommittees

a) Executive Subcommittee

i) The Executive Subcommittee will consist of the Chair, Vice-Chair, Chairs of all subcommittees, the Co-chairs of the Child and Adolescent Special Populations Workgroup, a standing representative from DMHMRSAS, the Executive Director of the Office of Comprehensive Services, a member of the advocacy community, and one or more family representatives.
ii) The Executive Subcommittee will meet as needed to facilitate the direction and completion of Committee business.
iii) The Executive Subcommittee is responsible for the compilation, completion and dissemination of the annual report.
iv) The Executive Subcommittee will have authority to conduct Committee business that requires timely action in the intervals between regular meetings.

b) Child and Adolescent Special Populations Subcommittee
   i) Will consist of the Chair, Vice-Chair, Co-chairs of the Special Populations Workgroup, and other members of the committee as assigned.
   ii) Is responsible to address the requirements initiated by the DMHMRSAS Restructuring Policy Advisory Committee.

c) Membership Subcommittee
   i) Will consist of the Chair, the Vice-Chair, and other members of the Committee;
   ii) Is responsible for deciding upon addition of members and responding to requests for membership
   iii) Maintains a roster of active Committee members; and
   iv) Is responsible for tracking meeting attendance.

d) Special Subcommittees
   i) The Chair has the authority to create any subcommittees that may be deemed beneficial to the work of the Committee and the accomplishment of its purpose, and to appoint their Chairs.

6) **Support Services**
   a) Staff support will be provided by the DMHMRSAS.
   b) Staff support will include:
      i) Ensuring that minutes are recorded and disseminated at least three (3) days prior to the next scheduled meeting and
      ii) Assisting in the compilation, completion and dissemination of the annual report.

7) Meetings
   a) Meetings will occur monthly on the second Thursday of each month from 10 AM – 2 PM.
   b) Every effort will be made to arrange a place convenient to most of the members.
   c) A minimum of one meeting per year will be held outside of the Central Virginia region.

d) A quorum will be achieved with a minimum of 12 active members in attendance.
e) If an emergency meeting is necessary, members will be notified by telephone or e-mail at least 24 hours in advance.
f) The agenda will be distributed by DMHMRSAS a minimum of three (3) days prior to the meeting.

8) Decisions
   a) Quorum
      i) Decisions can only be made when a quorum is present.
      ii) If a quorum is not present, work can be conducted but no decisions can be made.
   b) Decisions will be made by consensus.
   c) If there is an issue on which opinion is divided, that division will be reported in the minutes and any subsequent report.
   d) Decisions that are made may not be revisited in that fiscal year.
   e) Decisions may be delayed if the meeting lacks representation from a critical constituency impacted by the issue.

9) These Operational Guidelines may be revised by the consensus of the Committee.

These Operational Guidelines have been adopted by the Child and Family Behavioral Health Policy and Planning Committee on February 10th, 2005.